

Mental Health/Disability Services of the East Central Region Transition Plan FY 2015

Geographic Area: Serving the Counties of Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn

Introduction

The East Central Region (ECR) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. The Transition Plan has been approved by the East Central Region's governing board and is subject to approval by the Director of Human Services. The ECR Transition Plan is available in each local ECR office.

Access Points

An access point is a part of the service system or community that shall be trained to complete the MH/DS funding applications for persons with a disability and forward them to the local ECR county office. Regional staff wants to assure that processes work and adjustments have been made to such processes prior to training additional access points. The region will have training for additional access points completed by February 2015 should the need for them be recognized.

County Office	Address	Phone
Benton County	303 1 st Ave Vinton IA 52349	319-472-4743
Bremer County	203 1 st Ave NE Waverly IA 50677	319-352-2993
Buchanan County	210 5 th Ave NE Independence IA 50644	319-334-7450
Delaware County	601 Grant St Manchester IA 52057	563-927-5116
Dubuque County	720 Central Dubuque IA 52001	563-589-7870
Dubuque County	Hillcrest Family Services 200 Mercy Drive Dubuque IA 52001	563-582-0145
Iowa County	495 4 th Ave POB 7 Conroy IA 52220	319-662-4245
Johnson County	855 S Dubuque St Suite 202 B Iowa City IA 52240	319-339-6169
Jones County	105 Broadway Plc Ste 2 POB 427 Anamosa IA 52205	319-462-4457
Linn County	1240 26 th Ave Court SW Cedar Rapids IA 52404	319-892-5671

Targeted Case Management

The ECR shall offer a choice and access to cost-effective, evidenced-based, conflict-free Targeted Case Management as described in IAC 441-25.21(1)g. Designated Case Management agencies serving the ECR must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441.

Targeted Case Management and Service Coordination services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance and community residency of the individuals receiving the service
- Standards including, but not limited to, social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services
- Methodologies for complying with the requirements of sub rule 441-25.21(1)g, which may include the use of electronic recording keeping and remote or internet based training

The ECR has identified and designated the following providers for case management:

- *Bremer County Case Management,*
- *Buchanan County Case Management,*
- *Delaware County Case Management,*
- *DHS Targeted Case Management,*
- *Johnson County Case Management,*
- *Jones County Case Management,*
- *Linn County Case Management,*
- *Southeast Iowa Case Management,*
- *Other case management programs developed by a county or group of counties in the region.*

Area	Provider	Location	Phone
Benton	DHS Targeted Case Management	303 1st Ave Vinton IA 52349	319-472-4743
Bremer	Bremer County Case Management	203 1 st Ave NE Waverly IA 50677	319-352-1919
Buchanan	Buchanan County Case Management	210 5 th Ave NE Independence IA 50644	319-334-7450
Delaware	Delaware County Case Management	601 Grant St Manchester IA 52057	563-927-5116
Dubuque	DHS Targeted Case Management	799 Main St Ste 340 Nesler Center Dubuque IA 52001-6825	563-585-4680
Iowa	Southeast Iowa Case Management	1509 E Washington St Washington IA 52353	319-653-6217
Johnson	Johnson County Case Management	855 S Dubuque St Iowa City IA 52240	319-339-6169
Jones	Jones County Case Management	105 Broadway Plc Suite 2 POB 427 Anamosa IA 52205	319-462-4457
Linn	Linn County Case Management	1240 26 th Ave Court SW Cedar Rapids IA 52404	319-261-0576

Service Provider Network

The ECR is contracting with the currently existing regional service providers to meet the service needs of the individuals served within the region and will develop or assess service needs and the cost related to those services. Changes in service provider network will be evaluated and assessed if a new service is identified or if a provider requests to become part of the network. (Regional Contracted Providers listed on pages 15-24)

Service Access and Authorization Process

The East Central Region values consistency across the region so all customers hear and experience the same thing. The ECR has designated an Intake Coordinator and Service Coordinator to ensure that funding requests and authorizations are processed in a consistent manner. These positions will be responsible for development and implementation of the policies and procedures which are outlined within the ECR Management Plan. These two positions will delegate assigned duties to regional staff as needed to determine eligibility and authorization of services.

See services provided and future outlook for services forecasted on pages 11-14.

Information Technology and Data Management Capacity

The East Central Region will be utilizing the County Services Network (CSN) through the Iowa State Association of Counties (ISAC). This system is able to process all the data necessary for the ECR. It is the intent that CSN will build the capacity needed to process all data necessary for the East Central Region. Information Technology issues will be handled via necessary associations already established within the counties or through the CSN Support "Ticket" process.

Business Functions, Funds Accounting Procedures, and Other Administrative Processes

The business functions and administrative processes of the MH/DS of the ECR are fully outlined in either the approved 28E Agreement or the submitted regional management plan. As stated above, the ECR values consistency for all individuals served across the region. One way to ensure this is to place major functions under dedicated regional coordinators.

The ECR has established a table of organization as follows:

Chief Executive Officer:

- Provides oversight of regional coordinators
- Assures job responsibilities within the region are being completed
- Oversees regional appeals and grievance process
- Authorizes Exception to Policy requests
- Ensures agenda and minutes are prepared for regularly scheduled meetings of the following:
 - Governing Board
 - Administrative Advisory Committee
 - Other groups as developed
- Monitors and interprets pending legislation, analyzes implications, coordinates information with Governing Board
- Provides regional responses as needed
- Functions as the spokesperson to media, DHS, legislators, lobbyists, etc.
- Monitors and promotes activities to support regional goals/objectives
- Provides oversight of regional website
- Works with labor/management where required

Budget Coordinator:

- Develops the annual budget for the region and ensures submittal to the State as required
- Ensures Interim Assistance Reimbursement process is completed and payments are received
- Develops and implements a budget tracking system and risk management plan
- Collaborates with the Fiscal Agent to complete regular statistical analysis of the region's financial status
- Collaborates with the Fiscal Agent to create timely reports for the Governing Board on financial matters and reviews the report with the Governing Board, the Chief Executive Officer, and advisory committees on a regular basis
- Monitors information within Community Services Network (CSN) for accuracy
- Analyzes Data Warehouse information
- Submits Data Warehouse reports to DHS at the appointed time
- Determines the need for and recommends a waiting list to the Governing Board if needed

Claims Coordinator:

- Oversees all aspects of the claims process including preparation, adjudication, authorization, payment, and reconciliation for the region
- Establishes and coordinates electronic billing protocol or other viable process with contracted providers for timely review/payment of submitted claims
- Collaborates with the Fiscal Agent to coordinate payment of claims
- Ensures Funding Authorizations correspond with provider claims prior to payment
- Corresponds with Case Manager/Coordinator for changes in funding authorizations
- Runs queries per request of Governing Board or Chief Executive Officer
- Oversees quality control of claims management system
- Works with providers to resolve any issues pertaining to claims
- Monitors efficiency of claims process and submits recommendations for personnel needs to the Chief Executive Officer

Communications Coordinator:

- Ensures communication across regional staff
- Develops, implements and supervises the SSI/SSDI Outreach Access and Recovery (SOAR) process
- Acts as assistant to Chief Executive Officer
- Assists with development of regional agenda
- Disseminates data as requested by the Governing Board and/or Chief Executive Officer
- Ensures postings of regional information including agendas and minutes of regional meetings on ECR website
- Assures minutes are printed in the regionally-approved media outlet
- Disseminates updates on state and legislative initiatives and other relevant information

Community Coordinator:

- Makes recommendation to Advisory Committee, Governing Board, and Management Team regarding need for new services
- Facilitates the development of new services as needed
- Oversees development of the provider network to assure all core services are available and accessible to the defined target populations
- Coordinates with Quality Coordinator to ensure availability of quality services
- Contracts with providers as outlined in the Services Management Plan
- Negotiates provider service rates based on information obtained from designated cost reporting processes

Quality/Compliance Coordinator:

- Works with individual agencies to meet standards
- Conducts and analyzes client, family/guardian, provider, and quality of life surveys
- Presents results of surveys to Chief Executive Officer and Governing Board
- Collects and prepares data required by State of Iowa and submits to Chief Executive Officer
- Ensures Trauma-informed and Evidence Based Practices are provided as required by the state
- Monitors compliance with all state requirements, including performance targets/outcome measures
- Assesses program effectiveness and recommends improvements
- Ensures training to promote quality performance
- Oversees monitoring of provider network quality and performance

Intake Coordinator:

- Leads and monitors staff functions for: Intake (application), Data Entry, Eligibility Determination (Notice of Decision), and Legal Residency Determination
- Ensures availability of regional access points
- Makes referrals to 3rd party payment sources as needed, including Iowa Health and Wellness Plan
- Refers individuals to Service Coordinator as necessary

Operations Coordinator:

- Provides personnel coordination: assures sufficient staff in all locations; assures sufficient office space; assures sufficient educational training
- With assistance from other Coordinators and Regional Administrator, prepares and submits the following:
 - Regional Services Management Plan
 - Annual Service and Budget Plan
 - Operational Manual
 - Any other manuals/plans/reports requested by DHS
- Ensures HIPAA standards are met across the region
- Prepares and submits Annual Reports to Chief Executive Officer and Governing Board for approval
- Compiles Data Warehouse information and submits to Budget Coordinator
- Develops job descriptions and job assignments for region
- Coordinates with Information Technology to aggregate Regional information
- Oversees and monitors IT/MIS

Service Coordinator:

- Reviews service utilization and appropriateness of approved services
- Tracks court committals throughout the region
- Researches requests for administrative exceptions and recommends approval or denial to Chief Executive Officer
- Makes decisions regarding funding authorizations
- Leads and monitors staff functions for Service Coordination, including Functional Assessments and Service/Treatment Plans as needed
- Meets regularly with Service Coordinators to review client issues
- Provides Medication Application oversight (PAP/formulary)
- Monitors workloads and submits recommendations for personnel needs to the Chief Executive Officer
- Makes recommendations regarding necessity for new services to Community Coordinator

The ECR conducted a Request for Proposal (RFP) for a Fiscal Agent. Jones County was designated as the Fiscal Agent and awarded the agreement to provide the fiscal agent services needed for one year commencing on July 1, 2014. This agreement can be renewed or extended dependent upon agreement by both parties. The Fiscal Agent will be responsible for the accounting procedures and the fiscal reports required by the Department. An annual audit will be conducted. Full detail can be found within the MH/DS of the East Central Region Fiscal Agent Agreement or the 28E Agreement for the counties encompassing the East Central Region.

The ECR filed a Mental Health Liability Application with an Iowa Community Assurance Pool agent on April 14, 2014.

The ECR has researched the need for a regional attorney. The decision was made to use individual county attorneys or designee when appropriate. When a conflict or conflict of interest is indicated, an outside attorney will be secured for legal counsel.

The ECR has determined that the minutes of the Regional Governing Board will be published within the Cedar Rapids Gazette.

Data Reporting Compliance and other Information

Technology Requirements Defined by the Department

The East Central Region plans to use the reporting features of the County Community Services Network (CSN) for the Data Compliance and Information Technology requirements that may be established by the Department of Human Services within the next fiscal year. As requirements change, the ECR will keep current with the new requirements set out by the Department of Human Services. The Iowa State Association of Counties (ISAC) has provided a description of the security and technology within CSN. The functionality is the ability of each identified user within the ECR to input data into the system to allow the processing of information from the entry of demographics to the payment of claims for services rendered.

ISAC's description of the County Community Services Network follows.

Reporting Requirements

Our region is using CSN which is a statewide data repository containing all disability information of individuals being served by the regions. The data collected presently includes data needs identified by the regions and all data required by DHS for the annual compliance reports. If additional data is needed outside of this, ISAC IT and regional representatives must be closely involved as DHS identifies the data needs. ISAC IT will enhance the system to accommodate the defined requirements as directed by the ETC Advisory Committee.

Technical Specifications

- ASP.NET (primarily VB – some C#. 3 tiered development methodology)
- SQL2012 (houses all CSN data)
- BizTalk 2009 (health information/claims clearing house)
- Cisco ASA 5505 Firewall
- SSL encryption

Third Party Tools integrated within CSN's security model

- ABCPDF (for document generation)
- SQL Reporting Services (for dynamic auditor voucher generation)
- Izenda for AdHoc Reporting

Security

Hardware

- The production servers are housed in an offsite HIPAA certified data center
 - Access is given to two ISAC employees at a time.
 - The production servers consist of one database server and one web server.
 - Each server is plugged into a firewall/ Each server has a software firewall on it.
 - Data is backed up nightly both by the data center and by a secure third party.
 - Both backups are stored offsite.
 - Backup restore protocols are in place for IT employees.
- The 2 development servers are currently housed at ISAC with the plan to move them to the data center within FY15.
 - ISAC has two entrances. One of which is locked at all times and the other is locked no later than 4:30 in the afternoon.
 - The server room at ISAC is locked with limited access to IT employees
 - ISAC IT support has administrative rights to these servers

Software

- First Level Security
 - The system's login security model uses an API to communicate securely with Iowa's Enterprise A&A system. This system allows for single sign-on among many state applications.
 - CSN does not store any user passwords or perform any login functionality other than to check if the user is active in CSN.
- Second Level Security
 - Once a user has logged in via A&A the system will confirm they are active within CSN
 - The administrator of the user's region or county is able to set a user's account to inactive even if their A&A account is active
 - If a user has not logged on for 6 months their account is automatically inactivated.
- Third Level Security

- Each user has one or multiple profiles within the system. Profiles are specific to a county or a region.
- Within each given profile the user is assigned roles that fit their job and security level. This ensures the user has limited access to data and functionality.
- Users
 - In addition to the previous security restrictions, all users must electronically agree to a confidentiality agreement prior to using the system for the first time. This agreement must be renewed annually to maintain access to CSN.
- Reporting
 - Users accessing the AdHoc reporting module are required to accept an agreement monthly stating that the information they are accessing is confidential and is not to be disseminated without the proper permission and review. Only users approved by the administrator and ISAC IT have access to the reporting module at this time.
- Client
 - Users are not allowed to view identifying details on a client when performing a search unless they are directly associated as an active case worker for the client or the county is associated with the client in a pre-defined role.
 - If a user wishes access to a client they are required to send a request within the system to the client's regional authority. They are also required to provide a reason for needing access and to indicate if the request relates to payment or treatment. The person within the entity the user is requesting access from is required to indicate acceptance or denial within the system.
 - If a county is a 'county of interest' for a client that role is automatically removed after 90 days. If the county needs access to the client for an additional period of time they must again submit a request for access within the system.
 - Only clients associated with a user are shown on a user's dashboard. This applies across the system. Clients may not be accessed in any other way.

County Community Services Network (CSN)

Mental Health | General Assistance | Substance Abuse | Case Management | ETC

The CSN software package includes the following functionality; Client Management (PHI), Provider Management, Service Authorizations, Electronic Claims Filing and Processing, Targeted Case Management, Case Management Electronic Billing, Reporting, Financials and Budgeting, Entity Profiles, User profiles, Extensive role based security, Flexible Entity Access, AdHoc Reporting, and an Electronic Clearing House. Currently 98 counties and, approximately 40 case management agencies use CSN to manage their business. There are 500 users and over 200,000 clients.

Functionality

Client Management

- Demographics

- Medical and Prescription drug Information

Provider Management

- Authorizations for Service

Claims

- Electronic claims

- Adjudication against Funding Authorizations and other requirements

- Multi-step review process

- Voucher & Remittance Advice Generation

- Electronic submission to the Auditor's Accounting Software & Reconciliation

Case Management

- Service Authorizations

- Management of Goals and Outcomes

- PDF Form generation as mandated by Iowa Code

- Extensive Client Contact tracking

- Quality Review

- Electronic Billing & Receivables

Reporting

- AdHoc Reporting (July 1)

- Canned reports

- State Compliance reporting

Financials

- Flexible Budgeting & Revenue Tracking & Reports

- Custom General Ledger codes per Entity

User profiles

- Extensive security based on HIPAA regulations (this is expanding)

Flexible Entity Access

- County, region or provider (limited) based

- Users may be affiliated with multiple entities and providers

We also maintain an electronic clearing house for our providers.

Contact Information:

Jeanine Scott

CSN Program Manager

Iowa State Association of Counties

5500 Westown Parkway, Suite 190

West Des Moines, Iowa 50266

515-244-7003

Email: jscott@iowacounties.org

System of Care Approach

The ECR will follow a process as services are added across the region.

- 1 **Develop committee:** The ECR plans to send out open invitations and facilitate or arrange facilitation of meetings for anyone who is interested in the conversation for issues related to the system of care. The ECR will make prior visits to NAMI and Drop in Centers to encourage participation. The ECR will also reach out to families and peers by word of mouth and through agencies and will specifically reach out to law enforcement. The goal is for all to build the system collaboratively.
- 2 **Assess need:** The needs will be different across the region. Some areas of the region have services in place while we need to expand or enhance services into other areas of the region. In other instances new services will be built across the region.
- 3 **Develop vision:** ECR members will build the system with an emphasis on multi-occurring and trauma informed services, collaboration among providers, workforce training, individual satisfaction, continuity, cost effectiveness and outcomes.
- 4 **Develop model(s):** The committees will develop model(s) for new services.
- 5 **Public Forum/Comments:** Previously, counties have tended to develop services on available funding or needs perceived by providers leading to system fragmentation. The ECR wants to assure that families and individuals receiving services are encouraged and assisted to participate in evaluation of proposals.
- 6 **Regional Advisory Committee Approval:** The Regional Advisory Committee will make a decision to pass the proposal(s) on to the Regional Governing Board.
- 7 **Regional Governing Board:** The Regional Governing Board will make the final decision.
- 8 **Implementation:** The ECR will fund the service.
- 9 **Assessment:** The committees will convene to look at outcomes and make adjustments or changes.

Please see the planned schedule for developing or enhancing services below.

Schedule for System of Care Building Activities

E=Existing

Exp=Expand to cover all counties

Core Services	JU 14	A	S	O	N	D	JA 15	F	M	A	M	J	Ju 15	A	S	O	N	D	JA 16	F	M	A	M	J	Ju 16	A	S
a. Treatment: Community Support Programs				EXP	1	2		6	7																		
b. Basic Crisis Response: 24-hour Access to Crisis Response	E																										
c. Basic Crisis Response: Evaluation	E																										
d. Basic Crisis Response: PERS	E																										
e. Commit Related (Evals, Sher Tran, Leg Rep, MHAs)	E																										
f. Support for Community Living: Home Health Aide	E																										
g. Support for Community Living: Home & Vehicle Mod	E																										
h. Support for Community Living: Respite		1	2		3	4			5	6			7	8													
i. Support for Community Living: SCL (Daily)				EXP																							
j. Support for Community Living: SCL (Hourly)	E																										
k. Support for Community Living: Transportation				EXP																							
l. Support for Community Living: Rent Assistance	E																										
m. Support for Employment: Day Habilitation	E																										
n. Support for Employment: Job Development	E																										
o. Support for Employment: Supported Employment	E																										
p. Support for Employment: Prevocational Services			1		2		3	4	5		6	7	8														
q. Recovery Services: Family Support					1		2	3	4	5	6	7	8														
r. Recovery Services: Peer Support				1	2	3		4	5	6	7	8															
s. Service Coordination: Case Management	E																										
t. Service Coordination: Service Coordination	E																										
u. Service Coordination: Health Homes	E																										

Quality Assurance Measures

Process for Evidence Based Practices Implementation

1. Identify existing providers who meet the fidelity measures: ECR has identified 2 providers in the region who meet Evidence Based Practices fidelity measures. One is an SCL provider and the other is a vocational provider. We are also assuming the ACT programs in Linn and Johnson will meet the criteria but we are waiting for a final ruling regarding who will do the measurement, the region or Magellan.															
2. Work with community planning group to plan training for providers to develop EBP in their organizations. The region will facilitate a committee to discuss and decide how training will be implemented across the region. We know that different training modalities may be necessary across the region. We have identified a person with expertise in various training platforms and will utilize her skills. We also have identified some online training, different experts and small group training opportunities to offer to the planning committee.															
3. ECR staff will work with existing providers to determine the changes that would be required to meet fidelity. ECR staff will do this by meeting with providers, performing a brief assessment to determine where they fall with respect to the fidelity scale and brainstorming ways to meet the fidelity measures.															
4. ECR will provide or facilitate training and support to existing providers to assist in meeting fidelity.															
5. ECR staff will assess, identify and implement incentives for two areas of EBP as identified by the committee. ECR will provide incentives to help providers move toward becoming EBP providers.															
6. ECR staff will meet with providers who believe they will now meet the fidelity measures and assess.															
7. ECR will provide results to the public to assist in service provider selection.															

Time line for Evidence Based Practices Implementation	Jun-14							Jan-14							Jul-15						
	J	A	S	O	N	D		F	M	A	M	J			A	S	O	N	D		
Assertive Community Treatment		2	3						4	5	6				7						Repeat
Family Psycho-education		2						3		4	5	6			7						Repeat
Illness Management and Recovery		2				3		4	5			6			7						Repeat
Integrated Treatment for Co-occurring disorders		2			3				4		5		6		7						Repeat
Permanent Supportive Housing	1	2	3			4		5		6					7						Repeat
Supported Employment	1	2		3		4		5	6						7						Repeat
Trauma Informed Care		2				3		4	5		6				7						Repeat

Data Collection Process	
1	Establish data collection system
2	Collect baselines
3	Collect data
4	Analyze data
5	Analyze proposed change
6	Implement change

	Jun-14	J	A	S	O	N	D	Jan-14	F	M	A	M	J	Jul-15	A	S	O	N	D
Evidence Based Practices						1	2	3			4	5	6						
Service Distribution		1	2					3				4	5	6					
Provider Partnerships		1	2			3					4	5	6						
Individual Satisfaction		1									3	4	5						
Appeals											3	4	5						
Corrective Action Plans											3	4	5						
Cost effectiveness												1	2	3	4	5			
DHS Performance Measures	TBA																		
Community Identified Performance measures	1							2							3	4	5		

Regional Contracted Providers

Benton County

- **Cedar Valley Ranch**
2591 61st Street Ln.
Vinton IA 52349
Lorene Spencer
319-472-2671

Bremer County

- **The Larrabee Center**
117 11th St NW
Waverly IA 50677
Clark Wilharm
319-352-2234
- **Covenant Clinic Psychiatry**
217 20th St NW
PO Box 857
Waverly IA 50677
Monique Walters
319-352-9606
- **North Star Community Services**
219 20th St NW
Waverly IA 50677
Colette Ruth
319-352-1425
- **Community Based Services**
403 3rd St SE
Waverly IA 50677
Lindley Sharp
319-352-2990

Buchanan County

- **B&D Services**
212 1st St E
Independence IA 50644
Julie Schwarting
319-334-6997

(Buchanan County continued)

- **Behavioral Services**

105 Main St N
Hazleton IA 50641
Kimberly Gamm
319-636-2100

- **Counseling & Mediation Center**

116 5th Ave NE
PO Box 92
Independence IA 50644
Chidi Ojinnaka
319-332-0151

- **Counseling & Assessment Services**

515 2nd St NE
Independence IA 50644
George Harper
319-334-6820

- **Darrell E. Davis Adult Day Center**

204 2nd St SW
Independence IA 50644
Jaci Weber
319-334-2401

- **Full Circle Services**

2349 Jamestown Ave Ste 1
Independence IA 50644
Red Brickman
319-334-4341

- **Wapsi Valley Family Counseling, LLC**

309 1st St E, Ste 4
Independence IA 50644
Jacquelyn Schultz
319-361-4867

Delaware County

- **Penn Center**

2237-245th St.
Delhi IA 52223
Diane Brecht
563-922-2881
563-922-2003 fax

Dubuque County

- **Medical Associates**

Mercy Drive-Suite 201
Dubuque IA
Janet Bales
563-584-3520
563-584-3520 fax

(Hillcrest joint with Johnson and Linn Co.)

- **ARC (Area Residential Care)**

3355 Kennedy Circle
Dubuque IA 52002-3860
Jon Romaine
563-556-7560

- **Dubuque County Jail Diversion**

(agreement/contract)
Dept. of Corrections 1st Judicial District

- **Mercy Medical Center**

Mercy Drive
Dubuque IA 52002
563-589-8205

Iowa County

- **Rural Employment Alternatives**

495 4th Street
Conroy IA 52220
Jeannine Scandridge
319-662-4043

- **Builders of Hope**

2711 Muscatine Ave
Iowa City IA 52240
Joshua Weber
319-936-3548

Johnson County

- **The Arc of Southeast Iowa**

2620 Muscatine Ave.
Iowa City IA 52240
Karen DeGroot
319-351-5017
319-351-6837 fax

- **Chatham Oaks**

4515 Melrose Ave.
Iowa City IA 52246-9400
Vivian Davis
319-887-2701
319-887-9154 fax

- **Community Mental Health Center for Mid-Eastern Iowa**

507 E. College Street
Iowa City IA 52240
Stephen Trefz
319-338-7884
319-248-0431 fax
319-330-8633 Cell

- **Builders of Hope**

2711 Muscatine Avenue
Iowa City IA 52240

- **Goodwill of the Heartland**

1410 South First Avenue PO Box 1696
Iowa City IA 52244
Pat Airy, Director & CEO
Carmen Heck
319-337-4158
319-337-7369 fax

(Johnson County continued)

- **Hillcrest Family Services (and Dubuque)**

2005 Asbury Road
Dubuque IA 52001
563-588-0605
Toll Free - 877/437-6333
449 Highway 1 West
Cindy Hess
Iowa City, IA 52246
319-337-4204
319-341-3333 fax

- **Mayor's Youth Empowerment Program**

407 Highland Court
PO Box 307
Iowa City IA 52244
Roger Lusala
319-341-0060
888-883-1235 fax

- **Pathways/Pentacrest**

817 Pepperwood Lane
Iowa City IA 52240
Jeff Kellbach
319-339-6162
319-339-6164 fax

- **Reach for Your Potential**

1705 South 1st Avenue, Ste#1
Iowa City IA 52240
Ron Schieffer
319-354-2983
319-354-3221 fax

- **REM (Johnson and CR)**

402 Westcor Drive, Unit A
Coralville IA 52241
Patrick Costigan
319-545-1227
319-545-1237 fax

- **Social Outreach Services**

1224 S Gilbert Street
Iowa City IA 52240
Florence Ejiwale
319-855-2744

(Johnson County continued)

- **Successful Living**
2406 Towncrest Drive
Iowa City IA 52240
Roger Goedken
319-358-6800
319-358-6807 fax
- **Systems Unlimited**
2533 S. Scott Blvd.
Iowa City IA 52240
Casey Westhoff
319-338-9212 x135
319-341-9443 fax
- **University of Iowa Hospital & Clinics**
Clinical Outreach C 506 GH
200 Hawkins Drive
Iowa City Iowa 52242
Stephen C. Blanchard
319-356-1348
319-356-2587 fax

Jones County

- **Advancement Services**
202 Plastic Lane
Monticello Iowa
Cindy Hanken
319-465-5991
319-465-6805 fax

Linn County

- **Abbe Center**
520 11th Street NW
Cedar Rapids, IA 52405
Cindy Kaestner
319-398-3562
319-398-3501
- **Aging Services, Inc**
317 Seventh Ave SE, Suite 302
Cedar Rapids, IA 52401
Kathy Horan
319-398-3644
319-286-1967

(Linn County continued)

- **ARC of East Central Iowa**
680 2nd Street SE, Suite 200
Cedar Rapids, IA 52401
Delaine Petersen
319-365-0487
319-365-9938
- **ASAC, Inc – SA Treatment Beds**
3601 Sixteenth Avenue SW
Cedar Rapids, IA 52404
John Garringer
319-390-4611
319-390-4381
- **Assoc. for Behavioral Hlthcare**
1510 Boyson Road
Hiawatha, IA 52233
Wilma Mehring
319-396-1066
319-396-8779
- **Aubey & Enzle, LLP**
4403 First Avenue SE, Suite 512
Cedar Rapids, IA 52402
Dr. Enzle
319-362-3720
319-862-1748
- **Crest Services – American Baptist**
2720 First Avenue NE, Suite 102
Cedar Rapids, IA 52404
Mary Wise
319-364-6774
319-364-3925
- **Derfus, Richelle**
1073 Rockford Road SW
Cedar Rapids, IA 52404
319-936-7008
319-364-0601
- **Discovery Living**
1015 Old Marion Road NE
Cedar Rapids, IA 52402
Bob Hebl
319-378-7470
319-395-6682

(Linn County continued)

- **DREAMS Inc**
4404 First Avenue SE
Cedar Rapids, IA 52403
Melissa Miller or Betty King
319-654-7309
- **Foundation 2**
1714 Johnson Avenue NW
Cedar Rapids, IA 52405
Barb Gay
319-362-1170
319-297-7406
- **Goodwill Ind. of the Heartland**
1441 Blairs Ferry Road NE
Cedar Rapids, IA 52402
Pat Airy
319-739-5000
319-393-8935
- **Hillcrest Family Services**
2005 Asbury Rd
Dubuque, IA 52001
Cindy Hess
563-583-7357
563-583-7026
- **Horizons, A Family Svc Alliance**
819 5th Street SE
Cedar Rapids, IA 52401
Molly Gansen
319-373-8987
888-632-7914
- **Linnhaven Inc.**
1199 Blairs Ferry Road PO Box 284
Marion, IA 52302
Elaine Sweet
319-377-9788
319-377-7641
- **Living Center East-New Horizons**
1220 5th Avenue SE
Cedar Rapids, IA 52403
Gina McHugh
319-366-8701
319-366-8702

(Linn County continued)

- **Mercy Medical Center**
701 10th St SE
Cedar Rapids, IA 52403
Scott Lindsley
319-398-6750
319-398-6957
- **Nelson, Trish**
208 Collins Road NE, Suite 201
Cedar Rapids, IA 52402
319-364-4822
319-337-6563
- **O'Leary, Mindy MSW LISW**
1021 First Avenue SW
Cedar Rapids, IA 52405
319-360-5041
- **Recover Health of Iowa**
700 First Avenue NW, Suite 101
Cedar Rapids, IA 52402
Jennie Fisher
319-373-6294
319-373-6298
- **REM Iowa Community Svc**
1661 Boyson Squire Drive, Suite 202
Hiawatha, IA 52233
Patrick Costigan
319-929-0004
319-929-2091
- **REM Iowa Developmental Services**
1661 Boyson Square Drive, Suite 202
Hiawatha, IA 52233
Sara Drish
319-393-1944
319-393-2091
- **REM Iowa, Inc.**
1661 Boyson Square Drive, Suite 202
Hiawatha, IA 52233
Dawn Steffen
319-393-1944
319-393-2091

(Linn County continued)

- **Richardson ARNP, PC, Kristen**
1231 Park Pl NE
Park Place Center Building II, Suite Falcon
Cedar Rapids, IA 52402
319-521-4716
- **St. Lukes Methodist Hospital**
1026 A Avenue NE
PO Box 3026
Cedar Rapids, IA 52406
Kent Jackson
319-369-8356
319-368-5691
- **Systems Unlimited**
2533 Scott Blvd S
Iowa City, IA 52240
Michelle Lloyd
319-338-9212
319-337-9073
- **Tanager Place**
2309 C Street SW
Cedar Rapids, IA 52404
Linda Anderson
319-365-9164
319-365-6411
- **The Sixth District DOC**
1051 29th Avenue SW
Cedar Rapids, IA 52404
Malinda Lamb
- **Therapy Solutions**
3315 First Avenue SE
Cedar Rapids, IA 52402
Angie Nowak
319-861-3322
319-861-3326

**MENTAL HEALTH/DISABILITY SERVICES
OF THE
EAST CENTRAL REGION**

RELEASE OF INFORMATION

INDIVIDUAL'S FULL NAME _____ DATE OF BIRTH _____
SOCIAL SECURITY # XXX-XX-____ STATE ID # _____

ADDRESS OF INDIVIDUAL USING SERVICES _____

I, the undersigned, hereby authorize MH/DS East Central Region staff to release and/or obtain verbal, electronic, or written information indicated below, regarding the above named individual using services, with:

Name of Person or Agency

Complete Mailing Address

The information being released will be used for the following purpose:

- | | |
|--|--|
| <input type="checkbox"/> Planning and implementation of my Individual Comprehensive Plan | <input type="checkbox"/> Referral for new services |
| <input type="checkbox"/> Coordination of Services | |
| <input type="checkbox"/> Monitoring of Services | <input type="checkbox"/> Other (specify) _____ |

INFORMATION TO BE RELEASED OR OBTAINED:

Yes No

- | | | |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Medical/Health/Dental |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital (specify dates) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychological |
| <input type="checkbox"/> | <input type="checkbox"/> | Educational |
| <input type="checkbox"/> | <input type="checkbox"/> | Vocational |
| <input type="checkbox"/> | <input type="checkbox"/> | Legal |

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Financial/Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Assessment |
| <input type="checkbox"/> | <input type="checkbox"/> | Social History |
| <input type="checkbox"/> | <input type="checkbox"/> | Service/Treatment Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Progress Reporting |
| <input type="checkbox"/> | <input type="checkbox"/> | Re-Release of 3 rd Party Info (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify) _____ |

No express revocation shall be needed to terminate my consent, I understand that this consent is voluntary and I may revoke this consent at any time by sending a written notice to MH/DS East Central Region, Attn: In-Take Coordinator, 105 Broadway Place, Suite 2, PO Box 247, Anamosa, IA 52205. I understand that any information released prior to the revocation may be used for the purposes listed above, and does not constitute a breach of my rights to confidentiality. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure and once the information is disclosed, it may no longer be protected by federal privacy regulations. I understand that I may review the disclosed information by contacting my case worker.

I understand that I can refuse to sign this authorization but failure to provide access to information necessary to determine eligibility for funding of services may be a basis for denial of service funding. This authorization will expire one year after the date it is signed, unless revoked, or as specified: (list specific event, date or condition) _____

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW. I specifically authorize the release of data and information relating to Mental Health:

Signature of individual, parent (if minor), or legal guardian

Date

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW:

I specifically authorize the release of data and information relating to:
(in order for this information to be released, you must sign here and above)

- ☐ **Substance Abuse** (to be signed only by the Individual Using Services) ☐ **HIV-Related Information**

Signature of Individual Using Services Date Guardian Signature Date

Copies: Date: _____ Individual/Guardian Agency File

MH/DS of the East Central Region Application Form

For individuals living in: Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, and Linn

Application Date: _____ Date Received by Office: _____

First Name: _____ Last Name: _____ MI: _____

Nickname: _____ Maiden Name: _____

Date of Birth: _____ SSN# _____

Race: ☐ American Indian ☐ Asian/Pacific Islander ☐ Black/African American ☐ Other _____ ☐ Unknown ☐ White

Sex: ☐ Male ☐ Female US Citizen: ☐ Yes ☐ No If you are not a citizen, are you in the country legally? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed Primary Language: _____

Legal Status: ☐ Voluntary ☐ Involuntary-Civil ☐ Involuntary-Criminal ☐ Probation ☐ Parole ☐ Jail/Prison

Are you considered legally blind? ☐ Yes ☐ No If yes, when was this determined? _____

Home Phone: _____ Cell: _____ May we leave a message? ☐ Yes ☐ No

Current Address: _____
Street City State Zip County

Begin Date at this address: _____

☐ Use as current Mailing Address: ☐ Yes ☐ No If not, _____

Previous Address _____
Street City State Zip County

Begin Date _____ End Date _____

Living Arrangement: ☐ Alone ☐ With family members ☐ With unrelated individuals Number of roommates: _____

Current Residential Arrangement: ☐ Private Residence ☐ Foster Care/Family Life Home ☐ Correctional Facility

☐ Homeless/Shelter/Street ☐ Residential Facility, type: _____ ☐ Other: _____

Veteran Status: ☐ Yes ☐ No Branch & Type of Discharge: _____ Dates of Service: _____

Current Employment: (Check applicable employment)

☐ Unemployed, available for work ☐ Unemployed, unavailable for work ☐ Employed, Full time
☐ Employed, Part time ☐ Retired ☐ Student
☐ Work Activity ☐ Sheltered Work Employment ☐ Supported Employment
☐ Vocational Rehabilitation ☐ Seasonally Employed ☐ Armed Forces
☐ Homemaker ☐ Volunteer ☐ Other _____

Current Employer: _____ Position: _____

Dates of employment: _____ Hourly Wage: _____ Hours worked weekly: _____

Employment History: (list starting with most recent to previous)

Employer	City, State	Job Title	Duties	To/From
1.				
2.				

Education: What is the highest level of education you achieved? # of years: _____ Degree/GED: _____

Emergency Contact Person: Name: _____ Relationship: _____

Address: _____ Phone: _____

Current Service Providers: Name Location

1. _____
2. _____

Do you, your spouse or dependent children own or have interest in the following:

House including the one you live in? ☐ Yes ☐ No Any other real estate or land? ☐ Yes ☐ No Other? _____ ☐ Yes ☐ No

If yes to any of the above, please explain: _____

Have you sold or given away any property in the last five (5) years? ☐ Yes ☐ No **If yes, what did you sell or give away?** _____

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

☐ Applicant Pays ☐ Medicaid ☐ Family Planning only
☐ Medicare A, B, D ☐ Medically Needy
☐ No Insurance ☐ Private Insurance

Company Name _____

Address _____

Policy Number: _____

(or Medicaid/Title 19 or Medicare Claim Number)

Start Date: _____ Any limits? ☐ Yes ☐ No

Spend down: _____ Deductible: _____

Secondary Carrier (pays 2nd)

☐ Applicant Pays ☐ Medicaid ☐ Family Planning only
☐ Medicare A, B, D ☐ Medically Needy
☐ No Insurance ☐ Private Insurance

Company Name _____

Address _____

Policy Number _____

(or Medicaid/Title 19 or Medicare Claim Number)

Start Date: _____ Any limits? ☐ Yes ☐ No

Spend down: _____ Deductible: _____

Referral Source: ☐ Self ☐ Community Corrections ☐ Family/Friend ☐ Social Service Agency ☐ Targeted Case Management
☐ Other Case Management ☐ Other _____

Have you applied for any of the public programs listed below?

(Please check those you have applied for and the status of your referral) Has your application been Approved or Denied? If denied and you appealed, what is the date of appeal _____. Have you applied for reconsideration _____. Have you had a hearing with an Administrative Law Judge and what was the date of the scheduled hearing: _____

☐ Social Security _____ ☐ SSDI _____ ☐ Medicare _____

☐ SSI _____ ☐ Medicaid _____ ☐ DHS Food Assistance: _____

☐ Veterans _____ ☐ Unemployment _____ ☐ FIP _____

☐ Other _____ ☐ Other _____

Disability Group/Primary Diagnosis: (If known)

☐ Mental Illness ☐ Intellectual Disability ☐ Developmental Disability ☐ Substance Abuse ☐ Brain Injury

Specific Diagnosis determined by: _____

Date: _____

Axis I: _____ Dx Code(s): _____

Axis II: _____ Dx Code(s): _____

Why are you here today? What services do you NEED? (this section must be completed as part of this application!)

I certify that the above information is true and complete to the best of my knowledge, and I authorize ECR staff to check for verification of the information provided including verification with Iowa county government and the state of Iowa Department of Human Services (DHS) and Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of the East Central Region in establishing my ability to pay for services requested, and in assuring the appropriateness of services requested. I understand that information in this document will remain confidential.

Applicant's Signature (or Legal Guardian)

Date

Signature of other completing form if not Applicant or Legal Guardian

Date

**MH/DS OF THE EAST CENTRAL REGION
ACKNOWLEDGMENT OF
RECEIPT OF
NOTICE OF PRIVACY PRACTICE**

I, _____, do hereby
acknowledge receipt of a copy of the Notice of Privacy Practice, Policy and Procedure.

Signature of Individual

Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE
(guardian, power of attorney, etc.)

Signature of personal representative

Date

Legal authority of personal representative

PRIVACY PRACTICES NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect July 1, 2014, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the

changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our active clients at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Protected Health Information

We use and disclose protected health information about you for treatment, payment, and health care operations. For example:

Treatment: We may use or disclose your protected health information to a physician or other health care provider in order to provide treatment to you.

Payment: We may use or disclose your protected health information to pay claims from providers, hospitals, or for other services delivered to you that are covered by MHDS of the East Central Region, to determine your eligibility for services, to coordinate your services, to issue explanations of benefits and the like. We may disclose your information to a health care or service provider subject to the federal Privacy Rules so they can engage in billing/payment activity.

Operations: We may use and disclose your information in connection with our operations. Our operations include:

- rating our risk;
- quality assessment and improvement activities
- reviewing the competence or qualifications of mental health/disability services professionals, evaluating provider performance, conducting

- medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- business planning and development; and
- business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified information or a limited data set.

We may disclose your information to another entity which has a relationship with you and is subject to the federal Privacy Rules, for their operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care and service professionals, or detecting or preventing fraud and abuse.

On Your Authorization: You may give us written authorization to use your protected health information or to disclose to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. To the extent that we maintain or receive psychotherapy notes about you,

training programs, accreditation, certification, licensing or credentialing activities;

information for marketing purposes and disclosures that constitute a sale of protected health information, require your authorization. Unless you give us a written authorization, we will not use or disclose your protected health information for any reason except those described in this notice.

To Your Family and Friends: We may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your services. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your protected health information to a person involved in your care, services or payment for services, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your protected health information based on our professional judgment of whether the disclosure would be in your best interest.

Disaster Relief: We may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

most disclosures of these notes require your authorization. In addition, most uses and disclosures of protected health

Public Benefit: We may use or disclose your protected health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to organ procurement organizations;
- to avert a serious threat to health or safety;
- in connection with certain research activities;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by state worker's compensation laws.

Individual Rights

Access: You have the right to look at or get copies of your protected health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. This may include an electronic copy in certain circumstances. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.25 for each page, \$12.00 per hour for staff time to locate and copy your protected health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a

listed at the end of this notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable,

cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information

cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or locations and continues to allow us to conduct normal business operations.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Breach Notification: In the event of a breach of your unsecured protected health information, we will provide you notification of such a breach, as required by law.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means or at alternative locations, you

may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer: Jan Heidemann

Email: jheidemann@co.bremer.ia.us

Telephone: (319) 352-2993

Fax: (319) 352-2997

Address: Bremer County Annex 203 1st Avenue NE Waverly, IA 50677